

PUPPY APPLICATION FORM

To purchase a puppy from Aurora Kennels, the following Application must be filled out and returned to us by mail, email, or fax, before being considered:

CONTACT INFORMATION

Applicant Name: _____

Co-Applicant Name: _____

Relationship: _____

Children & ages: _____

Address: _____

City: _____

State/Province: _____ Postal Code: _____

Home Phone: _____

Work Phone: _____

Email: _____

QUESTIONNAIRE INFORMATION

Have you ever owned a Miniature Schnauzer? yes ___ no___

How did you hear about us? _____

What do you know about this breed (temperament, health, etc)? _____

What is your first choice of puppy?

Sex: male ___ female ___ Color: _____ Size_____

What is your second choice of puppy?

Sex: male ___ female ___ Color: _____ Size_____

Do you own or rent your home? own ___ rent ___

What kind of home do you live in? _____

Do you have a fenced yard? yes ___ no ___

If you do not have a fenced yard, how will your Miniature Schnauzer be exercised?

Who will be primarily be responsible for this dogs care? _____

How many hours per day will your dog be alone? _____

Who will care for your puppy while you are on vacation? _____

If you have to move, what will you do with your dog? _____

What will you do with your dog if you have children? _____

Are you willing to be responsible for this dog for the next 14 years or more?

Will this dog be taken to the Vet annually for check-ups? yes ___ no ___

Please provide the name and address of your Veterinarian. We may contact them for a reference.

NAME: _____

TELEPHONE: _____

ADDRESS: _____

Will your Schnauzer be an inside dog? yes___ no ___

Where will your dog sleep at night? _____

What will you do with your dog when no one is at home? _____

What will you do if your dog exhibits dissatisfactory behavior, ie; barking, messing in the house, chewing, etc?_____

Does everyone in your home want a puppy? yes___ no ___

Have you read Aurora Kennel's Buy/Sell Contract?

yes ___ no ___

Applicant signature: _____